| PATENT APPLICATION FEE DETERMINATION RECO                                |                                 |                 |                                     |             |                  |          | 1                 |  | •              | Zockei, Mu         |                        |
|--|---------------------------------|-----------------|-------------------------------------|-------------|------------------|----------|-------------------|--|----------------|--------------------|------------------------|
| Effective October 1, 2003  |                                 |                 |                                     |             |                  |          |                   | (0)  | 7.8            | 390                | 65                     |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |                                 |                 |                                     |             |                  |          | MALL<br>YPE       | ENTITY   | OR             |                    | R THAN<br>ENTITY       |
| TOTAL CLAIM  | 14                              |                 |                                     |             | Г                | RATE     | FEE               | ٦  | RATE           | FEE                |                        |
| FOR  |                                 | NUMBER FILED    |                                     | NUM         | NUMBER EXTRA     |          | ASIC FI           | 385.00   | OR             | BASIC FEI          |                        |
| TOTAL CHARGEABLE CLAIMS  |                                 |                 |                                     | •           | 0                |          | X\$ 9=            | C.   | ОЯ             | <u> </u>           | <b>†</b>               |
| INDEPENDENT CLAIMS   |                                 | minus 3 =       |                                     | 0           |                  | -        | X43= (            |  | 1              |                    |                        |
| MULTIPLE DEPE  | RESENT                          |                 |                                     |             | ŀ                |          | 1                 | OR   |                | -                  |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                 |                 |                                     |             |                  |          | +145=             | 100  | OR             | +290=              |                        |
| / / CLAIMS AS AMENDED - PART II  |                                 |                 |                                     |             |                  |          | TOTAL             | FAR  | OR             |                    | L                      |
| 9/18/06  |                                 |                 | - PAHT II<br>_(Column 2) (Column 3) |             |                  | SMALL    | ENTITY            | OR   | OTHER<br>SMALL |                    |                        |
| V and the  | CLAMS REMAINING AFTER AMENDMENT |                 | HIGHI<br>NUME<br>PREVIO<br>PAID F   | ER<br>USLY  | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE                           |                | RATE               | ADDI-<br>TIONAL<br>FEE |
| Total Independent FIRST PRES   | .27                             | Minus           | -2                                  | 8           | .0               |          | X\$ 9=            | V/   | OR             | X\$18=             |                        |
| Independent  | .6                              | Minus           | 6                                   | <u> </u>    | .0               |          | X43=              | X  | OR             | X86=               |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |                                 |                 |                                     |             |                  |          | 145=              |  |                | +290=              |                        |
| .2 /   |                                 |                 |                                     |             |                  |          | TOTAL             |  | OR             | TOTAL              |                        |
| (Column 2) (Column 3)  |                                 |                 |                                     |             |                  |          | DA. FEE           | <u> </u>   | 164            | ADDIT. FEE         |                        |
| _1   | CLAIMS                          | T               | HIGHE                               | ST          | (COIGITAL 3)     | 1 H      |                   | ADDI-  | 1              | · .                | 4001                   |
| T tal  | REMAINING<br>AFTER<br>AMENDMENT |                 | NUMB<br>PREVIOU<br>PAID F           | USLY        | PRESENT<br>EXTRA | F        | PATE              | TIONAL   |                | RATE               | ADDI-<br>TIONAL<br>FEE |
| T tal  | . 8                             | Minus           | -2                                  | 8           | ·(·)             | )        | <b>(\$ 9=</b>     | k. /   | OR             | X\$18=             |                        |
| independent  | • /                             | Minus           | -6                                  | 2           | •0.              | 7        | K43= ·            | X  | OR             | X86=               |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |                                 |                 |                                     |             |                  |          |                   |  |                |                    |                        |
|  |                                 |                 |                                     |             | :                | Ľ        | TOTAL             | <del>                                     </del> | OR             | TOTAL              |                        |
|  |                                 |                 |                                     |             |                  |          | IN. FEE           |  | ØA.            | DOIT. FEE          | <del></del>            |
| 1  | (Cotumn 1)                      | · · · · ·       | (Column                             |             | (Column 3)       | /_       |                   | ••   | ` `_           |                    |                        |
| Total Independent  | REMAINING<br>AFTER<br>AMENDMENT |                 | PAID FO                             | isly        | PRESENT<br>EXTRA | l A      | ATE               | ADDI-<br>TIONAL<br>FEE                           |                | RATE               | ADDI-<br>TIONAL<br>FEE |
| Total  | •                               | Minus           | ••                                  |             | •                | ×        | \$ 9 <del>-</del> |  | OR             | X\$18=             |                        |
| Independent  | •                               | Minus           | ***                                 |             | •                | X        | 43=               |  |                | X86=               |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |                                 |                 |                                     |             |                  |          |                   |  | OR             |                    |                        |
| If the entry in colu   | nn 1 is less than th            | O antre la ach- | ma 2 maks =                         | <b>y</b> io | 3                | ·        | 45=               |  | OR             | +290=              | ·                      |
| " If the "Highest No.  | mber Previously Pai             | id for IN THI   | S SPACE IN L                        | ece then    | 20 mmter *20 *   |          | TOTAL<br>T. FEE   | •  | OR A           | TOTAL<br>DOIT, FEE |                        |
| The Trighest Num   | ber Previously Paid             | For (Total or   | independent                         | ) is the (  | highest number   | tound ir | the app           | ropristė box                                     | _              |                    |                        |